



Janice K. Brewer, Governor

Arizona State Veterinary Medical Examining Board
1400 W. Washington, Ste 240 ♦ Phoenix, AZ 85007
Phone: 602-364-1738 ♦ Fax: 602-364-1039
www.vetboard.az.gov
Jenna Jones, Executive Director

EQUINE DENTISTRY INFORMATION

Alternative Format for Submitting Application: An individual with a disability who, as a result of the disability, requires this registration to be in an alternative format may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

Name: _____

Address: _____

Mailing Address if different: _____

Home Phone: (____) _____ **Cell phone:** (____) _____ **Fax Number** (____) _____

PLEASE COMPLETE ALL OF THE FOLLOWING:

- I am certified by:** _____ **Effective Date:** _____
 - Continuing Certification Date: _____
 - Provide proof of current certification from the International Association of Equine Dentistry or the Academy of Equine Dentistry.
- Attach a written statement signed by each supervising licensed veterinarian that the certified equine dental practitioner will be under the general or direct supervision of the licensed veterinarian: A.R.S. §32-2231 (B)(3).**
- I will be supervised by the following Arizona Licensed Veterinarians: (If additional space is required, please attach a separate sheet of paper.)**

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone Number: (____) _____

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone Number: (____) _____

Veterinarian's Name: _____

Clinic Name: _____

Clinic Address: _____

Clinic Phone Number: (____) _____

I hereby declare under penalty of perjury under the laws of the state of Arizona that the answers I have given are true and correct to the best of my knowledge.

Signature

Date